

## **Socio-Economic and Living Conditions of Internal Migrant Labour Living in Visakhapatnam City, India**

Godi Rajendra Varma, Konathala Geethakumari, and Godi Sudhakar

Department of Human Genetics, Andhra University, Visakhapatnam 530 003, India

Correspondence: Godi Rajendra Varma (e-mail: [varmagodi@gmail.com](mailto:varmagodi@gmail.com))

### **Abstract**

India has seen a high internal migration rate in recent years and among the internal migrants, there is a substantial proportion of poorer migrants involved in low paid and low earning jobs. The present paper reports few socio-economic characteristics and their living conditions of poor migrant labour living in Visakhapatnam city, India, which is one of the world's fastest growing cities. Migration is one of the reasons for its growth. Data were collected from a sample of 2000 households (with migration duration of 30 days to 10 years) living in 10 slums. This study reveals that migrants are living in sub-human living conditions and are vulnerable to all sorts of risks. It further reports the poor quality of living conditions and services. The vulnerability is a state of being exposed to or susceptible to neglect, which leads to less control over the resources available in the city. They also encounter several constraints such as lack of political voice and basic facilities, low-paid, insecure and hazardous working conditions and less or no access to health care and education. Hence, the government has to recognize poor migrants as a vulnerable urban section that needs special and targeted interventions to improve their living conditions.

**Keywords:** migration; labour; urban; slum

### **Introduction**

India as a nation has seen a high internal migration rate in recent years. The 64<sup>th</sup> National Sample Survey (NSS) of India estimated that there were around 326 million migrants (i.e., 28.5% of the population) in 2007-08 in India and witnessed an increased internal urban migration (NSSO 2010). An analysis of data of 64<sup>th</sup> round of National Sample Survey (NSS) concluded that among these internal migrants, there is a substantial proportion of poorer migrants involved in low paid and low earning jobs, primarily in the informal sector (Srivastava, 2011). Most people

migrate because of a combination of push and pull factors. Lack of rural employment, fragmentation of land holdings and declining public investment in agriculture create a crisis for rural Indians. Urban areas and some rural areas with industrial development or high agricultural production offer better prospects for jobs or self-employment. Contrary to common perception the search for jobs is more often within the same state than in other state. About 9 million persons were intra-state migrants often within the district while 5 million went to other states. The intra-state figures include people moving from villages to nearby towns and cities in search of better jobs. Over

5.7 million persons who moved in search of jobs migrated from rural to urban areas. Another 4.5 million migrated within the rural areas looking for work. Seasonal migrants are usually “oppressed” castes, which have been subjected to untouchability and other highly impoverished sections that migrate out to work in harvesting seasons or on construction sites, in brick kilns, etc. They usually go out to pay their debts and to survive.

Visakhapatnam is the largest city in Andhra Pradesh, a southern Indian state. The city’s population is 2.03 million in 2011 (Census of India, 2011). Visakhapatnam is ranked 122 in the list of world’s fastest-growing cities. Due to industrialization and migration, number of slums in the city are getting added every year to the existing slums. The population of Visakhapatnam has increased considerably over the last few decades with its municipal purview increasing from time to time and due to migration from other parts of the countries in search of livelihood. With the population, the number of slums also has gone up. In 1981, when the population was 5.6 lakh, the number of slums was 140 and slum population estimated was less than 25% of the total population. Another survey in 2003 put the number at 350 slums with 32% of the 9.62 lakh population living in slums. Between 1991 and 2001 owing to migration of people living in surrounding areas the decadal population growth in the city is 75%. After the merger of 32 villages and Gajuwaka municipality the present number of slums is estimated at 741 with about 6 lakh population (38% of the total 16 lakh population living in slums). Visakhapatnam, under Greater Visakha Municipal Corporation, was identified as one of the ‘million-plus’ cities, with the highest slum population (44.1%) in the country to the total urban population. The population crossed two million mark after the expansion

of the city limits and now stands at 2.03 million (Government of Andhra Pradesh, 2016). There has been a successive increase in the number of poor migrants, who came from rural areas and with the extension of the city limits, areas which were with poor infrastructure and basic amenities got included within the city limits. The total slum population of Visakhapatnam city is 0.77 million. The present paper reports few socio-economic characteristics and their living conditions of poor migrant labour living in Visakhapatnam city, India.

### **Data and Methods**

This paper is the part of a bigger study on maternal health care access among the internal migrants that was conducted in slums and migrant pockets in Visakhapatnam city. The slum areas where the newly migrated (<10 years) people live will be surveyed. A pilot survey was carried out to identify the slums in which recent migrants live. Households, who have migrated to Visakhapatnam city within the last ten years were considered for the study. The quantitative data included data on socio-economic and demographic details of the selected households, migration history and living conditions. These data were collected through interview technique using a questionnaire from the community members drawn from the systematically sampled slums/areas where migrants live. The sample size for estimating government health care coverage was calculated based on the assumption that the coverage is expected to be below 20%, using the formula given by Lwanga and Lemeshow (1991). With a relative precision of 10% and confidence level of 95%, a sample size of 1825 was needed. Only the respondents who have migrated and are residing in the city for not more than 10 years, but not lesser than 30 days were

considered. Data from 2000 respondents have been collected covering 10 slums. And the data were checked and gaps were filled by repeated visits. The data were computerized and analysed through SPSS 16.0 (SPSS Inc. Chicago, IL, USA).

## **Results and Discussion**

Migrants are a bare necessity for developmental activities in cities. However, benefits of migration of poor people are often not recognized. Since migrants form a considerable and essential group in the cities, ensuring basic needs and services is the state's responsibility. India has embarked upon the new economic policy in the year 1991-popularly known as liberalization. This economic policy believed that economic reforms would increase internal migration. Thus, migration has become an important phenomenon from economic, political and public health points of view (Bhagat, 2008). The verdict on whether labour too has become more mobile is still

not out, although many would argue that population and workers have also become somewhat more mobile, both nationally and internationally (Srivastava, 2011).

Data were collected from 2000 community members. Only one adult member was sampled from each household and the information was sought from that respondent. Thus, these data represent 2000 households. Table 1 shows the age and gender-wise distribution of respondents. The study population includes 68.7% of women and 31.3% of men. Majority of these women (37.3%) were found to be in the age group of 21-30 years and those of men (12%) fall in the age group of 31-40 years. A small proportion of men (2.2%) and women (2.8%) are above 50 years of age. Table 2 shows the distribution of households by the duration of migration. It was found that the percentage of migration was maximum (34.6%) in 8-10 years duration. It was found that the flow of migrants was being declined year by year. There are less proportion of recently migrated households.

**Table 1 Age and Gender-Wise Distribution of Study Respondents**

Age group	Men Number (%)	Women Number (%)	Total Number (%)
≤20 years	31 (1.5)	162 (8.1)	193 (9.6)
21-30 years	201 (10.1)	741 (37.3)	942 (47.1)
31-40 years	239 (12.0)	308 (15.3)	547 (27.3)
41-50 years	110 (5.5)	105 (5.2)	215 (10.8)
≥ 50 years	45 (2.2)	58 (2.8)	103 (5.1)
Total	626 (31.3)	1374 (68.7)	2000 (100.0)

**Table 2 Distribution of Households by Duration (number of years) of Migration**

Duration of migration	Number of households (%)
< 2 years	331 (16.5)
2-4 years	293 (14.6)
4-6 years	320 (16.0)
6-8 years	364 (18.2)
8-10 years	692 (34.6)
Total	2000 (100.0)

Table 3 presents the distribution of slum households by their place of origin. About 90% of the households have migrated from other districts of Andhra Pradesh. Of the other states, Telangana ranks first with 5.6% and is followed by Odisha with 2.2% households. Majority of slum migrants belong to under-developed states of the country and at the same time, they come from rural areas for livelihood and better lives. Almost 78% of the households have reported that they migrated for livelihood/ better earnings (Table 4). About 9.7% of the respondents have migrated for health care and 3.2% of households migrated

for the education of their children. In India, the poorer rural areas contribute significantly to the migration flows to the cities. The main reason for migration is earning a livelihood or better earnings. Many poor migrants are engaged as daily wage and casual labour, with low paid and low earning jobs mostly in the informal sector. The casual and contractual nature of work itself brings forth the vulnerability of the poorer migrants and they often suffer from various deprivations and handicaps which also have to do with the nature of urban policies and absence of employer support (Srivastava, 2011).

**Table 3 Distribution of Households by Their State of Origin**

<b>State</b>	<b>Number of households (%)</b>
Andhra Pradesh	1792 (89.6)
Assam	2 (0.1)
Bihar	4 (0.2)
Delhi	2 (0.1)
Jharkhand	4 (0.2)
Karnataka	4 (0.2)
Kerala	2 (0.1)
Madhya Pradesh	5 (0.3)
Maharashtra	2 (0.2)
Orissa	45 (2.2)
Tamil Nadu	2 (0.1)
Telangana	111 (5.6)
Uttar Pradesh	4 (0.2)
West Bengal	21 (1.0)
Total	2000 (100.0)

**Table 4 Distribution of Households by Reason for Migration**

<b>Reason for migration</b>	<b>Number of households (%)</b>
For livelihood/better earnings	1561 (78.0)
Social/political pressure at native place	5 (0.2)
Natural calamities	170 (8.5)
For health care	195 (9.7)
Education of children	64 (3.2)
Others	5 (0.2)
Total	2000 (100.0)

Distribution of households by social groups is shown in Table 5. It is found that the households belong to backward castes form 66.2%, scheduled castes form 12%, scheduled tribes form 2.4% and the remaining castes form 19.4% of the total households. The trend is the same irrespective of the type of slum. Table 6 presents the distribution of households by religion. Out of the total respondents, Hindus constitute 90% and households from other religions like Muslim (2.5%), Christianity (7.2%) and Sikh (0.1%) are in small numbers. The poorer migrants are largely represented by the deprived sections of the society such as the scheduled castes and backward classes (Bhagat, 2009; Kusuma et al., 2014). Thus, migration of the poor is compounded with lower levels of educational attainment, low social class affiliation and lower economic status all of which are interrelated (Kusuma et al., 2014).

Distribution of households by type of houses is presented in Table 7. Majority of households (69.3%) are living in pucca houses, 19.3% are in semi-pucca houses, 5.6% are in katcha houses and remaining

5.8% are living in squatter huts. It is found that the type of dwelling tends to be mostly pucca in notified slums. Poor housing and living conditions of migrants is a matter of concern. The type of slum or habitation itself determines the living conditions and availability of basic amenities. Majority of the households of the migrant labourers relocated in non-notified slums, in addition to large numbers that live at worksites. The total numbers of urban slums in the country were estimated as 48,994 as per NSSO slum surveys conducted in 2009, and out of these slums, 24,781 (50%) were notified slums (NSSO, 2010). The migration creates greater pressures to accommodate the increased population in the city. Across the country, the experiences of slum dwellers are characterised by sudden eviction without adequate rehabilitation and local governments do not provide low-cost housing (Abbas and Varma, 2014). Many of these people live in makeshift shelters or open spaces near the workplace, despite the Contract Labour Act of India. This act stipulates that the contractor/employer

**Table 5 Distribution of Households by Their Social Category**

<b>Social Category</b>	<b>Number of households (%)</b>
Scheduled castes	48 (2.4)
Scheduled tribes	240 (12.0)
Other backward castes	1324 (66.2)
Others	388 (19.4)
Total	2000 (100.0)

**Table 6 Distribution of Households by Their Religion**

<b>Religion</b>	<b>Number of households (%)</b>
Hindu	1802 (90.1)
Islam	50 (2.5)
Christianity	145 (7.2)
Sikh	3 (0.1)
Total	2000 (100.0)

should provide suitable accommodation (Government of India, 1996). In the present study, about 69% are living in pucca houses. Third National Family Health Survey of 2005-06 (NFHS-3) revealed that a higher proportion of slum dwellers live in katcha or semi-pucca houses (Gupta et al., 2009). The 49<sup>th</sup> Round of NSSO survey (1993) revealed that the proportions of pucca, semi pucca and katcha type of dwellings are approximately equal in urban slums. Subsequently, the proportion of pucca houses in the slums have increased between the period of 1993 and 2009. As per the NSSO survey of 2009, there were 56.9% of pucca houses in 2009 (Gupta et al., 2009).

About 85% of the slum houses are occupied by tenants (Table 8). Only 14.4% of households reside in their own houses. The chances of owning the house increased as the duration of migration increased. It is found that the type of house ownership tends to be mostly in notified slums than in non-notified slums. Households living in free houses were in negligible number. The majority (55.4%)

of households of migrants live in houses having two rooms (Table 9). For about 24% of the slum households live in single-roomed houses. An about 16% of households live in houses having three rooms. The quality of housing is very poor. About one-quarter of them live in single room dwellings and more than half live in two-roomed dwellings. The NFHS-3 data showed that an overall number of rooms used for sleeping is smaller in slum areas than in non-slum areas (Gupta et al., 2009). Table 10 shows the distribution of households with or without separate space for cooking (kitchen). The majority (84.1%) of the households are having a separate kitchen. And about 16% of households live in houses having no kitchen. NFHS-3 data revealed that up to 74% of urban households possessed separate kitchen and much lower percentage of slum households compared to non-slum households have a separate kitchen in many cities (Gupta et al., 2009). In this study, 84% of household possessed a separate kitchen, which is a better indication.

**Table 7 Distribution of Households by Type of House**

Type of house	Number of households (%)
Squatter Hut	116 (5.8)
Katcha House	113 (5.6)
Semi Pucca House	385 (19.3)
Pucca House	1386 (69.3)
Total	2000 (100.0)

**Table 8 Distribution of Households by Type of House Ownership**

Type of house ownership	Number of households (%)
Own house	288 (14.4)
Rented	1696 (84.8)
Free	16 (0.8)
Total	2000 (100.0)



**Table 9 Distribution of Households by Number of Rooms in The House**

Number of rooms in the house	Number of households (%)
1 room	490 (24.5)
2 rooms	1108 (55.4)
3 rooms	312 (15.6)
4 or more rooms	90 (4.5)
Total	2000 (100.0)

**Table 10 Distribution of Households by Presence of Kitchen**

Presence of kitchen	Number of households (%)
Separate kitchen	1682 (84.1)
No separate kitchen	318 (15.9)
Total	2000 (100.0)

Table 11 shows the distribution of households by the type of cooking fuel they use. It is found that the majority of households (89.4%) are using liquid petroleum gas (LPG). However, 2.6% of households were still dependent on Kerosene for cooking. Coal and Firewood are still used as fuel by 8% of households. Provisioning of safe drinking water is one of the most important public services of the government. Out of 2000 households, the majority (61.2%) depend on public taps, while 32.1% of households possess water

pipe (water connection) in their houses (Table 12). A small number of households (0.4%) receive water through water tankers. About 6% of these households use hand pumps to fetch drinking water. With regard to the source of potable water, the public tap is common in Visakhapatnam city. At all India level in 2009, the distribution of notified and non-notified slums considered together in respect of major source of drinking water was as follows – tap: 78%, tube-well: 16-17%, well and other sources: 5-7% (NSSO, 2010).

**Table 11 Distribution of Households by Type of Fuel They Use**

Cooking fuel	Number of households (%)
Gas	1788 (89.4)
Hearth	160 (8.0)
Kerosene	52 (2.6)
Total	2000 (100.0)

**Table 12 Distribution of Households by Source of Potable Water**

Source of potable water	Number of households (%)
Pipe inside the house	642 (32.1)
Hand pump	125 (6.2)
Public tap	1224 (61.2)
Tanker supply	9 (0.4)
Total	2000 (100.0)

Out of 2000 households (81.3%) have own toilet facility and the remaining 18.7% reported to have no such facility in their house (Tables 13). About 5% of households use community toilets and more than 13% of households use open space (open defecation). Distribution of households by having drainage is presented in Table 14. In terms of the drainage system for wastewater disposal, the situation is worst. The drainage is open in many places and is reported by about 88.4% of households. No drainage is reported by about 5% of households. In a developing society sanitation is one of the important yardsticks of socio-economic development. Improved sanitation leads to improved health. Continuous urban migration, the congregation of urban poor in slums without safe water supply, inadequate sanitation facilities and increasing resource constraints have led to poor quality of life and community health in slums. About 13% of the present study migrants do not have access to sanitary latrines and practice open defecation. This situation is better than many cities (Babu et al., 2017). Slums without latrines have decreased to 15% in 2009 from 54% in 1993. The availability of septic/flush latrine facility

was 35% in 1993, 50% in 2002 and 58% in 2009 (Government of India, 2011).

Distribution of households with or without electricity connection in the house is presented in Table 15. About 97% of households were with electricity facility. Only 2% of households were without electricity. A small number of households (0.7%) have an illegal electricity connection, i.e., drawn from street lines. Electricity connectivity to houses indicates betterment of the community. About 97% of the present study households possessed legally connected electricity, which is much higher than the national average reported from 13 cities (Babu et al., 2017). According to the 58<sup>th</sup> round of NSSO (2002), 8% slums had no access to electricity; electricity connection for household use was available for 18% of the slums and 69% slums had electricity for both streetlights and household use. Further, the 65<sup>th</sup> round of NSSO shows that 65% of slums had electricity connections for both household and street light purposes, while 20% of slums had electricity only for household use. The overall proportion of slums without electricity has come down from 8% in 2002 to 4% in 2009 (Gupta et al., 2009).

**Table 13 Distribution of Households by Place of Defecation**

Place of defecation	Number of households (%)
Own toilet	1627 (81.3)
Community toilet	109 (5.4)
Open defecation	264 (13.2)
Total	2000 (100.0)

**Table 14 Distribution of Households by Having Drainage Around The House**

Type of house	Number of households (%)
Open drain	1768 (88.4)
Closed drain	135 (6.7)
No drainage	97 (4.9)
Total	2000 (100.0)



**Table 15 Distribution of Households by Type of Electricity Connection**

Type electricity connection	Number of households (%)
Metered connection	1943 (97.1)
Drawn from street lines	15 (0.7)
No electricity	42 (2.1)
Total	2000 (100.0)

Status of slum dwellers with respect to possessing ration card for obtaining food provisions on subsidiary price is presented in Table 16. Out of 2000 households, only half of the households have the ration card. The remaining households do not hold any ration card. Out of 1012 ration card holders, 47.8% are below poverty line (BPL) card holders and 2.8% are above poverty line (APL) cardholders. Tables 17 presents the distribution of households with respect to possessing voter identification card. Out of 2000 households, only about 52% have voter identification card. Getting an identity document is one of the hurdles for new entrants of the city. This hurdle persists for years after they migrate to the city. The present study noted that only a small proportion of migrants possessed ration cards and voter identification cards. Identity

documents are issued by the government and are necessary for accessing the services. Ration card often used for identity proof but, it is difficult for migrants to obtain in the city. Ration card holders are entitled to get provisions like food grains, sugar, cooking fuel, etc. at a subsidized price and it has bearing on the government's exchequer. Hence, authorities made the process of issuing ration cards difficult. Obtaining a voter identification card is also difficult for poor migrants. Thus many of these poor migrants do not possess any proof of identity and that results in the inability to access to entitled services such as healthcare and child education. Denying voter identification cards is nothing but the political exclusion of migrants in the city. A study revealed that 22% of seasonal migrants in India neither possess voter identification

**Table 16 Distribution of Households by Possession of Ration Card**

Possession of ration card	Number of households (%)
Ration card meant for BPL	956 (47.8)
Ration card meant for APL	56 (2.8)
No ration card	988 (49.4)
Total	2000 (100.0)

BPL=below poverty line, APL=above poverty line

**Table 17 Distribution of Respondent by Possession of Voter ID Card**

Possession of voter identification card	Number of households (%)
Have voter identification card	1032 (51.6)
No voter identification card	968 (48.4)
Total	2000 (100.0)

cards nor have their name in the voter list (Sharma et al., 2011). Many of the seasonal migrants leave home at the early age of 13-14 years, and when they are eligible to get a vote (age of 18 years), usually they engage in work and do not find time and convenience to get included in the voter list. Thus migrants are often left unable to make political demands for entitlement or services (Sharma et al., 2011).

## Conclusions

Migrants often lived in dilapidated, unhygienic living condition with a gross lack of basic amenities. Despite the fact that migrants are an essential part of the city, their needs are often ignored. This study reveals that they were living in sub-human living conditions. It further reports the poor quality of living conditions and services of migrant labourers living in Visakhapatnam city. Thus, these migrants are vulnerable to all sorts of risks. The vulnerability is a state of being exposed to or susceptible to neglect, which leads to less control over the resources available in the city. Hence, their situation impedes their integration into the city. They also encounter several constraints such as lack of political voice and basic facilities, low-paid, insecure and hazardous working conditions and less or no access to health care and education. Meeting their basic needs, including providing better access to other social services is the responsibility of the state. The government has to recognize poor migrants as a vulnerable urban section that needs special and targeted interventions to improve their living conditions.

## Acknowledgements

This study is supported by the University Grants Commission (UGC), New Delhi, India in the form of post-doctoral fellowship to the first author (GVR).

## References

- Abbas, R. & Varma, D. 2014. *Internal Labor Migration in India Raises Integration Challenges for Migrants*. Migration Information Source, Migration Policy Institute, Washington, DC.
- Babu, B.V., Kusuma, Y.S., Muthuswamy, S., Lal, D., Marimuthu, P., Geddam, J.J.B. et al. 2017. Living conditions of internal migrants: A nationwide study of 13 Indian cities. *Int J Migration Border Studies*, 3, 328-351.
- Bhagat, R. B. 2009. Internal Migration in India: Are the Underclass More Mobile? Paper presented in the 26th IUSSP General Population Conference held in Marrakech, Morocco, 27 September- 2 October 2009. Accessed at <http://iussp2009.princeton.edu/papers/90927> on 15th January 2016.
- Bhagat, R.B. 2008. Assessing the measurement of internal migration in India. *Asian and Pacific Migration Journal*, 17 (1), 91-102.
- Census of India. 2011. *Provisional Population Tables*. Registrar General and Census Commissioner of India, Government of India, New Delhi, India.
- Government of Andhra Pradesh. 2016. *Municipalities, Municipal Corporations & UDAs*. Directorate of Town and Country Planning. Government of Andhra Pradesh, Amaravathi (Retrieved 29 January 2016).
- Government of India. 1996. *Building and Other Construction Workers (Regulation of Employment and Condition of Service) Act-1996*. Ministry of Labour, Government of India, New Delhi.
- Government of India. 2011. *Report of the Working Group on Urban Poverty, Slums, and Service Delivery System*, Steering Committee on Urbanization, Planning Commission, Government of India, New Delhi.

- Gupta, K., Arnold, F. & Lhungdim, H. 2009. *National Family Health Survey-3, 2005-06. Health and Living Conditions in Eight Indian Cities*. International Institute of Population Sciences, Mumbai, India & ICF Macro, Calverton, Maryland, USA.
- Kusuma, Y. S., Pandav, C. S., & Babu, B. V. 2014. Socio-demographic profile of socioeconomically disadvantaged internal migrants in Delhi. *Journal of Identity and Migration Studies*, 8(2), 37.
- Lwanga, S.K. & Lemeshow, S. 1991. *Sample Size Estimation in Health Studies. A Practical Manual*. Geneva: World Health Organization.
- National Sample Survey Organization. 2010. *Migration in India (2007-2008). NSS 64th ROUND (July 2007 – June 2008)*. National Sample Survey Office, Ministry of Statistics & Programme Implementation, Government of India, New Delhi.
- Sharma, A., Poonia, S., Babar, M., Singh, V., Singh, P. & Jha, L.K. 2011. *Political Inclusion of Migrant Workers: Perceptions, Realities and Challenges*. Paper presented at Workshop on Political Inclusion of Migrant Workers and their Access to Basic Services, Lucknow, India, March 10-11, 2011.
- Srivastava, R. 2011. *Internal Migration in India: An Overview of its Features, Trends and Policy Challenges*. Social and Human Sciences Sector, UNICEF.